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**DECLARATION FOR UTILITY OR** 

23537-15

REFUAH, Aviv

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**Attorney Docket Number** 

DES	IGN	First Named Inv	First Named Inventor REFUAH, Aviv								
PATENT AP	co	COMPLETE IF KNOWN									
(37 CFI		Application Num	ber	/ to be assigned							
☐ Declaration ☐	7 Declaration	Filing Date		to be assigned							
Submitted OR	J Declaration Submitted after Initia	Group Art Unit									
with Initial Filing	Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name									
	as I have by declare that										
As a below named inventor, I hereby declare that:  My residence, post office address, and citizenship are as stated below next to my name.											
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:  WWW ADDRESSING											
the specification of which is attached hereto	TV										
OR  was filed on (MM/DD/YYYY)  as United States Application Number or PCT International											
Application Number				(if applicable).							
	viewed and understand the co	amended on (MM/DD/Y)	· <del></del>	` ` ` '							
amended by any amendmen	nt specifically referred to above	e.		•							
I acknowledge the duty to dis	sclose information which is m	aterial to patentability as o	defined in 37 Cf	FR 1.56.							
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.											
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO							
123129	IL	01/30/1998	0000								
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:											
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.											
Application Number(	s) Filing Date	(MM/DD/YYYY)	<u> </u>								
		numb supple	onal provisional application ers are listed on a emental priority data sheet SB/02B attached hereto.								

[Page 1 of 2]
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## DECLARATION — Utility or Design Patent Application

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I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.														
U.	S. Pare	ent Applicati Numb		PCT P	'arent	t	Parent Filing Date (MM/DD/YYYY)				Parent Patent Number (if applicable)			
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Additional	U.S. or F	PCT international	applica	tion num	ibers ar	e listed on	a supp	olemental	priority data	sheet P7	ΓO/SB/	02B attached h	ereto.	
		nereby appoint the	Ab				(s) to prosecute this application and to transact all business in							
and mademan	Omeo co	Willected there		OR Begister			name	name/registration number listed below					Code	
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		. Wonson I. Dippert				,750 ,723		Paul Fenster Maier Fenster					,077 ,016	
		s Gable				,479		Phillip A. Weiss					,863	
M	orey B	B. Wildes				.968		Yaakov Schatz					,320	
Additional r	registered	J practitioner(s) r	named o	n supple	emental	Registered	d Pract	titioner Inf	ormation sh	eet PTO/	SB/02C	attached here	eto.	
☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.  Direct all correspondence to: ☐ Customer Number or Bar Code Label ☐ OR  ☐ Correspondence address below									ress below					
Name						Willia	ım H	l. Dippe	ert .	_	_	_		
Address					Cowa	ın, Lieb	owitz	z & Latr	man, P.(	J				
Address					113	33 Aven	ue o	f the Ar	mericas					
City		1	New Y	'ork			S	State NY				10036-67	99	
Country		USA		Tel	lephon	те (	(212) 790-9200 Fax					(212) 575-0671		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.														
Name of Sole or First Inventor:						A petition has been filed for this unsigned inventor								
Gi	ven Nar	me (first and mi	iddle [if	f any])			Family Name or Surname							
Aviv									REF	UAH		g		
Inventor's Signature	_										Date			
Residence: C	ence: City Tel Aviv				State			ountry	srael		Citizenship	ISR		
Post Office Address				Sa	Sanhedrin Street 4									
Post Office A	ddress													
City		Tel Aviv State zi				ZIP		629	16	Cour	ntry	Isra	el	
Additional	Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto										PTO/	hed hereto		

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## **DECLARATION**

## ADDITIONAL INVENTOR(S) Supplemental Sheet Page \_1\_ of \_1\_

Name of Additional Joint Inventor, if any:											
Given Nar	Given Name (first and middle [if any])						me or	Sumame			
Gil						D	AYAC	31			
Inventor's Signature								Date			
Residence: City	Zichron-Yaacov	State	Cou	intry	Israel		Citizens	hip	ISR		
Post Office Address	Hagideonim Street 20										
Post Office Address	Office Address										
City	Zichron-Yaacov	State		ZII	Р	30900	Count	try	Israel		
Name of Addition	Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor										
Given Na	me (first and middle [if any])			Family Name or Surname							
	Roby										
Inventor's Signature	Date										
Residence: City	Haifa	State		Country Israel Citizenshi			nship_	ISR			
Post Office Address	Vitkin Street 1										
Post Office Address				_							
City	Haifa	State		ZIP 34756 Countr			untry	<sub>ry</sub> Israel			
Name of Addition	nal Joint Inventor, if an	y:		] A [	oetitio	n has been file	ed for	this unsigr	ned inv	entor	
Given Name (first and middle [if any]) Family Name or Surname											
Inventor's Signature						Da	Date				
Residence: City		State	Country		Citize	Citizenship					
Post Office Address											
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